Curis Healthcare Limited

Hammersmith Private Hospital

Inspection report

Enhance Medical, The Triangle 5-17
Hammersmith Grove
London
W6 0LG
Tel: 02085638111

Date of inspection visit: 12 March 2021
Date of publication: 04/05/2021

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this location improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients and acted on them. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on their procedures and supported them to make decisions about their care. Key services were available six days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of patients, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to manage services and all staff were committed to improving services continually.

However:

- Not all care records were complete. Out of 10 records, three did not have a signed COVID-19 consent form, one National Early Warning Score (NEWS-2) chart had not been scored, and there were missing signatures and incomplete checklists across the rest. The clinic conducted a monthly documentation audit and we saw evidence any omissions were addressed by staff and actions had been taken where documentation fell below the expected standard.
- In another record, the 'sign-in' stage of the World Health Organisation (WHO) surgical safety checklist for patients was incomplete. In the quarterly WHO checklist audit, there were some omissions noted such as missed 'sign-in' in the October 2020 audit, and three missed 'sign-out' stages in the January 2021 audit. The nominated individual had addressed this with staff and now joined the team brief via video link at the start of each day to ensure improved compliance.
- Not all staff were aware what the term 'duty of candour' meant.
- There was a low response rate to formal patient feedback questionnaires given out by the clinic, although we saw more patients did leave feedback online.
- Not all plastic surgeons were on the GMC's specialist register in the relevant area of practice, in line with the Royal College of Surgeons (RCS) recommendations. All medical staff not on the specialist register were encouraged to review this within their appraisal process.
- Not all staff had been given formal training in chaperoning patients at the time of inspection. This was addressed immediately following inspection.
- The service had an equality and diversity policy, but this contained some typographical errors and did not seem to be tailored to the clinic.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	

Summary of findings

Contents

Summary of this inspection

Background to Hammersmith Private Hospital

Hammersmith Private Hospital is operated by Curis Healthcare Limited. The service opened in 2014. In January 2017, the clinic began functioning as a cosmetic surgery provider, providing operations such as breast augmentation, hair transplant and liposuction. It is a private clinic in London. The clinic accepts self-referrals from patients living in London and internationally. The service does not provide services to NHS-funded patients or patients under the age of 18.

At the time of this inspection, there was no registered manager, but an application had been submitted to the CQC for the person who had been recruited into this position. The director of governance and compliance was the nominated individual.

The clinic provides cosmetic surgery and is registered to provide the following regulated activities:

- Surgical Procedures

Activity (August 2020 to 12 March 2021):

- The clinic carried out 865 surgical cosmetic procedures (of which 826 were day cases and 39 were overnight stays) and 19 hair transplant procedures.
- There were 1018 outpatient appointments, which were a mix of pre-operative face-to-face appointments and post-operative surgeon reviews or wound care appointments.
- The most common surgical procedures carried out were various types of breast augmentation (612) and breast lift (150). Other procedures carried out included revision surgery (56), breast reduction (11), rhinoplasty (7), abdominoplasty (7), abdominoplasty & liposuction (6), multiple procedures of types already listed (5), implant removal (4), surgical reshaping of the outer ear (2), liposuction (1) and arm lift (1).

There were five surgeons, five anaesthetists, and one resident medical officer (RMO) working under practising privileges at the clinic. The service employed five registered nurses, four health care assistants, two operating department practitioners, two patient care coordinators, three receptionists and two housekeeping staff, as well as having its own bank nursing staff. The accountable officer for controlled drugs (CDs) was the nominated individual.

The service was inspected five times before, in February and March 2018, 12 June 2019, 30 October 2019, 2 July 2020 and 6 August 2020. The July 2020 inspection took place using our focused inspection methodology, looking specifically at infection prevention control and the management of risk relating to transmission of COVID-19. Following this inspection, we issued an urgent notice of decision to impose conditions on their registration as a service provider in respect of the regulated activity of surgical procedures. A focused follow-up inspection took place on 6 August 2020 to assess whether these conditions could be lifted, and it was determined the provider had made improvements in all required areas. However, as this inspection was focused and only looked at the 'safe' domain, the location remained rated 'requires improvement' overall.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 12 March 2021. When we last inspected the service in August 2020, it was not operational. This inspection was therefore required to see whether changes made in the 'safe' domain had been sustained and whether more widespread improvements had been made across all domains whilst patients were being treated at the clinic.

Summary of this inspection

During the inspection, we visited the whole clinic, including the reception, waiting areas, theatre, two-bedded post anaesthesia care unit (PACU), the ward and consultation rooms. We spoke with six staff on the day of inspection, including registered nurses and housekeeping staff. We also spoke virtually with the director of governance and compliance following the inspection visit. We spoke with one patient and reviewed 10 sets of patient records.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure care records are fully complete, including the World Health Organisation (WHO) surgical safety checklist for patients.
- The service should ensure all staff know about the 'duty of candour' and what this requires.
- The service should consider how to improve the response rate to the formal patient feedback questionnaires.
- The service should consider requiring future surgeons recruited to the clinic to have specialist registration, and continue to encourage existing medical staff to review this within their appraisal process.
- The service should ensure the equality and diversity policy is tailored to the clinic.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are Surgery safe?

Good

Our rating of safe stayed the same. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. All staff employed by the service, other than newly recruited bank staff, had completed their mandatory training. This included COVID-19 awareness. Staff compliance with mandatory training was now monitored through an electronic platform, which alerted the nominated individual and the staff member when training was due, or new training requirements were added. There was a sepsis lead for the service who had completed external sepsis awareness training, and other staff had been trained in-house.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. All staff completed safeguarding adults and children training (levels one and two) as part of their mandatory training. Four managerial level staff had completed level three children and adults safeguarding training. Staff we spoke with knew how to escalate safeguarding concerns and demonstrated awareness of safeguarding issues, including female genital mutilation (FGM).
- The service controlled infection risk well, including taking appropriate measures to reduce the risk of COVID-19 transmission. This included testing of both patients and staff, social distancing within the clinic, and use of appropriate personal protective equipment (PPE). All improvements to infection prevention control we found in our August 2020 inspection had been sustained. The service used systems to identify and prevent surgical site infections (SSIs), with five occurring since reopening in August 2020. This was an infection rate of 0.58%. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. Two in-house cleaning staff worked a total of 120 hours per week, with flexible hours to ensure cleaning staff were on the premises during opening hours, even when theatre lists ran late. In addition to daily cleaning, external deep cleaning of the clinic took place every four to eight weeks, with staff performing a monthly additional clean of the service once every month on a non-operational day. Cleaning schedules and audits indicated good compliance with infection prevention and control policies and procedures.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. All historic issues with the air conditioning system and temperature in the main theatre had been resolved, with a new system installed with a remote login system to adjust this. The clinic had the relevant emergency resuscitation equipment. We saw evidence equipment testing of all necessary items had taken place, with maintenance contracts to ensure continuity. Staff managed clinical waste well.

Good

Surgery

- Staff completed and updated risk assessments for each patient and removed or minimised most risks. This included completing risk assessments for those at risk of COVID-19. Every patient's GP was now contacted for details of their medical history prior to surgery to inform their risk assessment. We saw evidence surgeons were being supported to develop their skills in assessing psychological needs. The service used the World Health Organisation (WHO) surgical safety checklist for patients throughout the perioperative journey, to prevent or avoid serious patient harm. However, in one of the 10 records we checked, the 'sign-in' stage had not been completed at all. In the quarterly WHO checklist audit, there were some omissions noted such as missed 'sign-in' in the October 2020 audit, and three missed 'sign-out' stages in the January 2021 audit. The nominated individual had addressed this with staff and now joined the team brief via video link at the start of each day to ensure improved compliance. Staff identified and quickly acted upon patients at risk of deterioration. There had been no unplanned transfers in the last 12 months. Staff now undertook regular emergency scenario training. All staff had received the appropriate level of life support training for their role, including recovery staff being trained in immediate life support (ILS). In an emergency situation, the standard 999 system was used to transfer the patient to an NHS hospital. The clinic had a formal arrangement with a local private ambulance company for less urgent transfers. The clinic also had an informal arrangement with a neighbouring NHS trust to transfer patients for critical care facilities and had been in regular contact with them throughout the COVID-19 pandemic, pausing multi-site or major operations during this time.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The service met the Association for Perioperative Practice (AfPP) guidance in relation to theatre staffing. They had recently recruited some bank staff to ensure they always had cover for unfilled shifts and lists that ran later than planned. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction. Where patients required an overnight stay, the anaesthetist would stay on site until the resident medical officer (RMO) arrived to ensure there was always appropriate medical supervision. The RMO was trained in advanced life support (ALS).
- Staff kept detailed records of patients' care and treatment. Most records were clear, up-to- date, stored securely and easily available to all staff providing care. There were some missing signatures and not all sections were fully complete, including one National Early Warning Score (NEWS-2) chart that had not been scored (although when checked, the scores did not warrant escalation). The clinic conducted a monthly documentation audit and we saw evidence any omissions were addressed by staff and actions had been taken where documentation fell below the expected standard. The provider had a process to ensure records in respect of cosmetic implants were included in the Breast and Cosmetic Implant Registry (BCIR).
- The service used systems and processes to safely prescribe, administer, record and store medicines. There was a service level agreement (SLA) in place with two local pharmacies for the supply of medicines. All drugs we checked were within date and stored appropriately, including the resuscitation trolley and Controlled Drugs (CDs). A spot check of the CD register confirmed levels were correct. Medication management was audited and monitored, with one missing signature found in the CD log in December 2020. Further training on CDs had been provided to all nursing staff. The clinic had recently reviewed their antibiotic prescribing practices to bring these in line with both local policy and national guidance.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Between reopening in August 2020 and the day of inspection, the clinic reported 28 incidents. Of these, 21 were clinical and seven were non-clinical. We saw they were graded by level of harm, with two identified as major, eight as moderate and the rest as minor. Managers investigated incidents and shared lessons learned with the whole team and the wider service. This was apparent from the investigation into a recent major incident and the identified actions that would prevent reoccurrence. We saw evidence that when things went wrong, staff apologised and gave patients honest information and suitable support. However, not all staff were aware what the term 'duty of candour' (DoC) meant. The DoC is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Managers ensured actions from patient safety alerts were implemented and monitored.

Good

Surgery

- The service used monitoring results well to improve safety. The clinic, unlike NHS trusts, was not required to use the national safety thermometer to monitor areas such as venous thromboembolism (VTE). However, services are required to have equivalent systems. The clinic reported no incidences of VTE since reopening in August 2020. As patients rarely stayed overnight, pressure ulcers were not likely to occur.

Are Surgery effective?

Good

Our rating of effective improved. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Policies we sampled were regularly reviewed and included appropriate references to relevant national guidance, for example National Institute for Health and Care Excellence (NICE) and the Royal College of Surgeons (RCS) guidelines. Managers checked to make sure staff followed guidance. The nominated individual sent out a 'policy of the week' email to staff summarising a key policy each time.
- Staff gave patients enough food and drink to meet their needs. The clinic provided bottled water to all patients, and ensured patients whose procedures were delayed remained hydrated. Patients were offered sandwiches from a local café after their operations. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. Records we checked on the day of inspection showed checks were made to ensure patients had adhered to fasting times before surgery went ahead. The service conducted a fasting audit to ensure all patients followed The Association of Anaesthetists of Great Britain and Ireland (AAGBI) best practice guidance on fasting before surgery. Nausea and vomiting were managed, with records showing patients were prescribed anti-sickness medication if required.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. The 10 sets of notes we reviewed showed patients had been given additional pain relief to ease pain. The patient we spoke with told us their pain post-operatively was well controlled.
- Staff monitored the effectiveness of care and treatment in several ways. The clinic complied with the Competition and Markets Authority (CMA) legal requirement to submit private patient episode data to the Private Healthcare Information Network (PHIN). Since reopening in August 2020, the service was now collecting data in relation to Quality Patient Reported Outcome Measures (Q-PROMS). The Royal College of Surgeons has requested providers of cosmetic surgery to submit Q-PROMs for cosmetic surgery procedures such as liposuction, rhinoplasty and breast augmentation. They used the findings from locally conducted audits to make improvements and achieved good outcomes for patients. From reopening in August 2020 to the day of inspection, there were 865 operations, with 17 returns to theatre. These were due to issues such as post-operative haematomas and wound complications. We saw this data was used to monitor and review the performance of individual consultants, alongside other appropriate metrics.
- The service made sure staff were competent for their roles. Managers appraised staff work performance and held supervision meetings with them to provide support and development. The clinic worked with consultants under a practising privileges arrangement. The granting of practising privileges is an established process whereby a medical practitioner is granted permission to work within an independent service. The service followed their policy on the granting and review of practising privileges and was able to demonstrate they ensured all medical staff worked within the scope of their practice, which was agreed at the time practising privileges were granted. The Royal College of Surgeons (RCS) recommends that plastic surgeons should be on the GMC's specialist register in the relevant area of

practice. Although one recently recruited surgeon was not on the specialist register for plastic surgery, this was part of their ongoing development plan. We saw specialist registration had been discussed at the medical advisory committee (MAC) in March 2021, with all medical staff not on the specialist register encouraged to review this within their appraisal process.

- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Staff told us they enjoyed working with their colleagues and were complimentary about the support they received from one another. The clinic asked every patient for their consent to share post-operative information with their GP. This was to ensure the GP was aware of the procedure and post-operative treatment recommended. We saw from all records that GPs were now also contacted before surgery for a full medical history.
- Key services were available six days a week to support timely patient care. An on-call system operated for 24 hours after each operating list, which meant the same team would return in the case of emergency. Patients were able to contact staff at the clinic for support at any time. They were given a telephone number to call following their procedure, which was manned by a member of clinic staff 24 hours a day, seven days a week.
- Staff gave patients practical support and advice regarding their procedure. Patients were provided with materials they could read that outlined their procedure at the pre-assessment stage. On discharge, patients were provided with further information on how to look after themselves post-surgery.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent, including in the case of remote consultations. Professional standards for cosmetic surgery state that surgeons who perform cosmetic surgery should ensure consent is obtained in a two-stage process, with a cooling-off period of at least two weeks between the stages to allow the patient to reflect on the decision. All 10 records we checked had evidence of the two-week cooling off period and legibly signed consent forms at both stages. However, in three of the records we saw that the separate COVID-19 specific consent forms had not signed by the patient, although there was evidence heightened risks regarding possible COVID-19 infection and emergency transfer were routinely discussed. The clinic did not routinely accept patients for admission that were deemed to lack capacity regarding treatment decisions. Staff received training on Mental Capacity Act 2005 (MCA) as part of their mandatory training.

Are Surgery caring?

Good

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We observed interactions between staff and a patient during a wound care appointment. Staff looked after patients in a kind and compassionate way. The patient we spoke to on the day of inspection was positive about the care they had received, telling us they were "delighted" with the whole experience at the clinic and "could not compliment staff enough". Patients were also encouraged to give feedback via a patient satisfaction questionnaire. Between October and December 2020, 21 patients had filled out feedback forms. This was a response rate of only 5.6%. Of these 21 patients, 19 said they were either 'extremely likely' or 'likely' to recommend the clinic to friends and family. Staff told us patient feedback was often posted online due to COVID-19, with this monitored by their digital marketing manager and collated to share with staff. Any patients who were not happy with any aspect of their care was contacted by a member of the senior team to discuss what improvements could be made.
- Staff provided emotional support to patients, families and carers to minimise their distress. Of the 21 patients who filled out a feedback form between October and December 2020, 18 said they found a staff member to talk to about their worries and fears. Mental health screening was part of the pre-operative assessment process, in order to identify

psychologically vulnerable patients. Recognising they could improve in this area, the service had recently introduced baseline training in mental health for all staff, and surgeons were booked to attend a full-day course on psychological assessment to improve their skillset. Staff understood patients' personal, cultural and religious needs. Staff were able to give us examples of tailored support they offered different patients. However, not all staff had been given formal training in chaperoning patients at the time of inspection. This was addressed immediately following inspection.

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Patient records showed discussion of potential risks and complications of surgery, as well as the benefits and alternatives available. A discussion around costs took place at the patient's initial consultation and was documented in their records. Of the 21 patients who filled out a feedback form between October and December 2020, 18 said they felt involved as much as they wanted to be in decisions about their care and treatment.

Are Surgery responsive?

Good

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of patients. The service offered a choice of procedures and choice of consultants, to best meet patient needs. Each patient was assigned a patient care coordinator who helped with booking appointments, scheduling and contacting consultants. This ensured patients had access to a flexible service with a good amount of choice and continuity of care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. The clinic had step-free access and was located on the ground level, enabling disabled access. Patients attending for a consultation were given a copy of information leaflets and procedure guides for the services they were interested in. The clinic informed us they could provide patient information in any format, such as another language or braille. Information was also available on the company website. Staff gave examples of when translators were used at the clinic. The patient provided the translator, but staff ensured they were not friends or family members. Staff received mandatory equality and diversity training.
- People could access the service when they needed it and received care promptly. The service did not audit patient waiting times for surgery. This was because all procedures were elective, and patients were able to choose their preferred dates. Since reopening in August 2020, the clinic reported no procedures had been cancelled for a non-clinical reason. Since August 2020, extensive work had been done on theatre timings to ensure delays to patients waiting for surgery were minimised. Staff at the clinic called the patient 48 hours after the procedure to check in with them and confirm the follow-up appointment dates. Staff were able to describe how patient follow-up might be affected by COVID-19 and how they ensured patients still received good post-operative care.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The clinic received 15 complaints between reopening in August 2020 and the day of inspection. The service aimed to acknowledge all complaints within two working days and provide a full response within 20 working days, which they achieved in all but one case. Where this timeframe was not possible, a letter was be sent to the complainant to inform them of the revised schedule. The most common themes were poor communication and management of patient expectations. Discussion of how communication could be improved was evident in team meeting minutes, and it was noted calling patients to open a dialogue had improved patient experience in the October 2020 complaints audit. We saw evidence of complaints that had been passed to an independent adjudicator where a patient was not happy with the response to their complaint from the service provider. One of these had been partially upheld and there was evidence of learning as a result.

Good

Surgery

Are Surgery well-led?

Good

Our rating of well-led improved. We rated it as good because:

- Leaders had the skills and abilities to run the service. Since reopening in August 2020, the director of governance and compliance had been reappointed, having previously worked for the service several years ago. They were now also the nominated individual. They understood and managed the priorities and challenges the service faced. They were visible and approachable in the service for patients and staff. Staff we spoke to were incredibly positive about the leadership of the director of governance and compliance, and the wide-ranging changes made to the service. They supported staff to develop their skills and take on more senior roles. The individual applying to be the registered manager and the theatre manager were being supported to undertake leadership training. Their development plans aimed to help them take on more responsibility and tasks at a senior level once they felt ready.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action. The clinic's mission was to 'provide first-class independent healthcare for the community in a safe, comfortable and welcoming environment; one in which we would be happy to treat our own families.' The nominated individual had realistic plans focused on sustainability of the current service, including plans to move some of the location's activity to another location in London. Since the service reopened in August 2020, their focus had been on improving governance and quality across the service and they wanted to sustain this improvement.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff we met were welcoming, friendly and helpful. It was evident they were happy in their roles. Staff we spoke to told us the culture of the service had vastly improved since July 2020. The service provided opportunities for career development, with staff promoted internally. We saw professional development and training was discussed in staff appraisals. In the most recent staff survey, 75% of staff felt their career within the company was well planned. The service had an open culture where patients, their families and staff could raise concerns without fear. The service had an equality and diversity policy, but this contained some typographical errors and did not seem to be tailored to the clinic.
- Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. Since reopening in August 2020, regular governance meetings had been reinstated, as well as all staff meetings, nursing meetings and the medical advisory committee (MAC). A new responsible individual had been appointed for doctors with practising privileges working at the service and we were assured previous issues with medical governance had been rectified. Staff now conducted a range of audits to assess clinical effectiveness. Audit results, along with patient outcome data, complaints and incidents were discussed and reviewed at relevant meetings, including the MAC.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and implemented actions to reduce their impact. The clinic had a risk register which recorded specific local risks to the service. All recorded risks were graded according to severity and controls were documented, with actions required before the next review date. All actions were assigned to a responsible individual. Risks were now regularly reviewed. The service had plans to cope with unexpected events, including power cuts. The nominated individual contributed to decision-making at a senior level to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. All initial patient contact was recorded on a computerised system. All notes from the day of treatment were recorded on paper patient notes, which were tailored to each specific treatment. Once treatment was completed, these notes were scanned onto the patient record and the hard copy was stored in a locked filling cupboard. Storage of paper notes had improved since the clinic reopened in

August 2020. The information systems were integrated and secure. From meeting minutes, we saw the service discussed planned improvements to further enhance security and protect patient confidentiality, such as end-to-end encryption of emails. All staff had received information governance training. Data or notifications were consistently submitted to external organisations as required.

- Leaders and staff actively and openly engaged with patients and staff to plan and manage services. Patients were asked to complete a provider feedback questionnaire about their experience. The service collected quality patient reported outcome measures (Q-PROMS) and monitored complaints. Patients were also able to provide feedback via the clinic website, social media account and email. This feedback was shared with staff and used to drive improvement. Since the previous inspection, we saw evidence regular staff meetings now took place. There was now a staff communications file and a group on a virtual messaging platform that all staff were part of to aid better staff communication and engagement. The service had recently carried their first annual staff survey. Feedback from the staff survey was mainly positive, with all staff reporting feeling happy in their roles. Actions such as reviewing pay banding and thanking staff more actively had been identified.
- All staff were committed to continually learning and improving services. Since the clinic reopened in August 2020, it was apparent many changes in governance, safety and effectiveness had been made in response to our previous inspection findings. Although staff had not been formally trained in quality improvement methods, we saw smaller improvements such as changing operation sutures due to quality reasons did take place. The service was also training staff in the psychological assessment of patients in response to the CQC transitional monitoring approach (TMA) conversation from November 2020. The TMA is CQC's strengthened approach to monitoring undertaken during the COVID-19 pandemic.